



**WARRENTON POLICE DEPARTMENT
CITIZEN COMPLAINT FORM**



**Warrenton Police Department
333 Carriage House Lane
Warrenton, Virginia 20186
(540) 347-1107**

The Warrenton Police Department will investigate any allegation of misconduct against any of its members upon receipt of this form, properly executed and signed on the reverse side. This form is a necessary prerequisite to the investigation of a complaint alleging misconduct. The Department does not condone misconduct by any of its members and will take appropriate action against any members found to be guilty of such misconduct. This completed form should be mailed to the address above or delivered in person during business hours.

Complete the following items fully.

Your Full Name _____

Your Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Your Phone Number: Home _____ Work: _____ Cell: _____

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Officer Name(s): _____ Badge Number(s): _____

Witness Name(s): _____ Witness Phone Number: _____

Witness Address: _____

State your specific complaint(s) and explain the circumstances, giving relevant facts known to you. You may continue on the reverse side or attach more sheets.
